CERTIFICATION RECORD REVIEW

Individual's Name: _____ Date: _____ Date of Birth: _____
Reviewer: _____ Provider Agency: _____
Case Management Agency: _____

Y/N	RECORD ITEMS
	Admission Policy/Procedures followed
	Allergy alerts with history of allergies (make sure allergies are consistent throughout record)
	Behavior plan, if applicable, Staff training ____, Based on Functional Analysis
	Choice of all providers in service area at admission in writing & each POC development
	Consents – legally adequate, updated annually
	Crisis plan, as required
	Emergency phone numbers
	Financial records (if applicable)
	Grievance and appeals system – description of
	Individualized Educational Plan or Individual Family Service Plan, if applicable
	Insurance to protect an individual's resources (CM only)- documentation of discussion of
	Legend (available, not necessarily in the record)
	LOC (Level of Care determination)-Current
	MAP 24C (CM only) – Admission, Discharge, Transfer to/from SCL Program or hospital
	MAP 350 at admission and updated annually
	MAP 351 (assessment/reassessment, completed at least annually)
	MAP 552K (CM or residential provider)
	Medication records, including copies of prescriptions, Self Administration_____
	Monthly Summary notes, which include one face-to-face contact (CM only)
	Name, Social Security number, MAID # (Intake or face sheet)
	Photograph of the individual -recognizable
	Physical examination results, annually
	Plan of Care – current & updated at least annually or as changes occur
	Psychological evaluation, at admission and if needed
	Rights and the means by which they can be exercised and supported – description of
	Rights Restrictions_____, Due Process_____
	Social History, updated annually
	Staff notes or attendance records
	Transition Plan, if applicable
	Termination/Denial of Services process followed
	Training objectives for any support which facilitates achievement of outcomes
	Voc Rehab Services – documentation that funding is unavailable (SE only)

SUPPORTS: _____

BOLDED ITEMS ARE REQUIRED OF ALL PROVIDERS